

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

23

**1. PLACE OF DEATH**

2 County Andrew  
4 Township  
1 City Rosendale (No. ....)

Registration District No. 9  
Primary Registration District No. 5079  
2009

File No. 1  
Registered No. 9 St. 9 Ward)

**2. FULL NAME**

Mrs. Alice Emma Davison

(a) Residence. No. Rosendale St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? .... yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF James Davison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-5-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
77 11 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Westmoreland Co Penn  
(STATE OR COUNTRY) 2

10. NAME OF FATHER David Fritchman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 31  
(STATE OR COUNTRY)

14. INFORMANT James T. Davison  
(Address) Rosendale Mo

15. FILED Jan 18 1932 J. W. Lamm  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1932 to Jan 17 1932  
that I last saw him alive on Jan 15 1932, and that death occurred, on the date stated above, at 3:45 A.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
(duration) 3 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) unk known  
(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? no DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Inspection  
(Signed) D. R. Gibson, M. D.  
, 19 (Address) Rosendale Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Gravel Hall cemetery Jan 18-1932  
20. UNDERTAKER ADDRESS

J. Fred Terhune Savannah

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 20 1932

MARGIN RESERVED FOR BINDING

